

OSTRAGER CHONG FLAHERTY & BROITMAN P.C.
COUNSELORS AT LAW

250 PARK AVENUE, SUITE 825
NEW YORK, NEW YORK 10177-0899
TEL: (212) 681-0600
FAX: (212) 681-0300

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DATE: February 14, 2006

TO: United States Patent and Trademark Office
Centralized Facsimile Number

FAX NO. 571-273-8300

FROM: Joshua S. Broitman

RE: Ser. No. 10/506,850 Group 3651 – Ex. Bidwell, James
Our Ref.: MC-MRD-P4

NUMBER OF PAGES (INCL. THIS SHEET): 9 IF YOU DID NOT
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MESSAGE:

Please acknowledge receipt of the following:

- (1) Transmittal Letter with Certificate of Facsimile Transmission dated February 14, 2006 and Authorization to Charge Dep. Acct. No. 50-3195 in the amounts of \$225 for 2-month extension of time (petition) – 2 pages.
- (2) Response to Final Office Action mailed September 14, 2006, including Certificate of Facsimile transmission dated February 14, 2006 – 6 pages

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Docket No. MC-MRD-P4

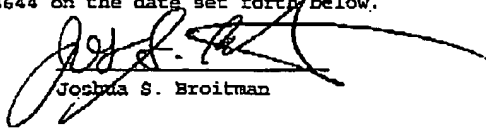
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CERTIFICATE OF FACSIMILE TRANSMISSION

The undersigned hereby certifies that this correspondence is being transmitted by facsimile to the Centralized Facsimile Number (571-273-8300), Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, ATTN: Group 3644 on the date set forth below.

February 14, 2006

Date


Joshua S. Broitman

Applicant(s) : Charles Lee

Group : 3651

Serial No. : 10/506,850

Examiner : BIDWELL, James

Filed : March 28, 2005

For : APPARATUS FOR TRANSFERRING FLOWABLE MATERIAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a Preliminary Amendment; X Response to Non-Final Office Action; X Amendment; Other ().

FEE FOR ADDITIONAL CLAIMS

 A fee for additional claims is not required.

X A fee for additional claims is required. The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS	SMALL ENTITY RATE	ADDITIONAL FEE
TOTAL CLAIMS:	7	13 *	= 0	x \$25 =	\$ 0
INDEPENDENT CLAIMS:	1	3 **	= 0	x \$100 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$115 =	0
If less than 20, insert 20. If less than 3, insert 3.				TOTAL FEE DUE =	\$ 0

 Our check for payment of the additional claims fee is enclosed.
 Please charge \$ to Deposit Account No. 50-3195 in payment of the fee. Triplicate copies of this transmittal letter are enclosed.

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PETITION FOR EXTENSION OF TIME:

X It is hereby requested that the following extension of time and fee be applied for this Response pursuant to 37 C.F.R. 1.136(a):

Small Entity: ___ \$60 fee for response within first month;
X \$225 fee within second month; ___ \$510 fee within third month.

___ Our check for payment of the extension fee is enclosed.
X Please charge the above-indicated extension fee to Deposit Account No. 50-3195.

X The Commissioner is authorized to charge payment of any additional extension or other fee under 37 CFR 1.16 or 1.17 which may be required by this paper or credit any overpayment of same to Deposit Account No. 50-3195.

Respectfully submitted,

OSTRAGER CHONG FLAHERTY & BROITMAN P.C.
Customer No. 44702
Attorneys for Applicants

Dated: February 14, 2006

By: 

Joshua S. Broitman
Reg. No. 38,006